

SUPPORTED EMPLOYMENT - JOB PLACEMENT INFORMATION

Date:

DR383 (New 06/04)

SE Service Provider Name & Address:	Consumer:	UCI #:
	DOR Counselor:	DOR District:
Employer/Work Site Name & Address:	Individual Group	
	Job Title:	Start Date:
Employer Phone Number:	Supervisor Name:	# Non-Disabled Employees at Worksite:

Wage: _____ per _____ **Hours per Week:** _____

Who is paying consumer? Employer SE Service Provider **Is this customary wage?** Yes No

Benefits: Medical Vacation Sick Leave **Are these customary benefits?** Yes No

If not, is consumer expected to earn customary wage/benefits by case closure? Yes No

Work Schedule (indicate work hours; example: 9am-2pm):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Transportation funded by: DOR Regional Center Other:

Travel: Mode of travel: Number minutes one way:

Job Description:

Consistent w/ Job Placement Parameters? Yes No

Consistent w/ Functional Capacities? Yes No


Accommodations Needed? Yes No

If Yes, describe:

Job Coaching Plan/Services Recommended: (must include job coach hours needed)

Additional Needs: Clothing Tools Adaptive Technology Reporting of Wages Other

Description:

SE Service Provider Signature: 	Email Address:	Phone Number:	Date Signed:
--	----------------	---------------	--------------

Distribution: Consumer DOR w/Invoice Regional Center SE Service Provider

NOTICE This is confidential information from the records of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.